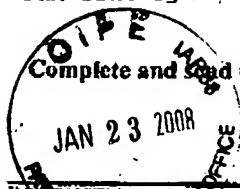


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. If the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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I hereby certify that this Fee(s) Transmittal is being sent via facsimile transmission to the USPTO (571) 273-2885 on January 23, 2008.

28694 7590 10/23/2007  
**NOVAK DRUCE & QUIGG, LLP**  
 1300 EYE STREET NW  
 SUITE 1000 WEST TOWER  
 WASHINGTON, DC 20005

Samuel Crumpton (Depositor's name)  
 (Signature)  
 January 23, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/635,934	08/07/2003	Aidan Petrie	7298.067.NFU301	8834

TITLE OF INVENTION: PORTABLE LAMP

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	01/23/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAWHNEY, HARGOBIND S	2885	362-391000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thule Sweden AB

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Hillerstorp, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1427 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: /Tracy W. Druce/

Date: January 23, 2008

Typed or printed name: Tracy W. Druce

Registration No. 35,493

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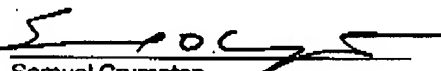
**Fax**

<b>To:</b>	Mail Stop ISSUE FEE	<b>From:</b>	Samuel Crumpton for and on behalf of Tracy W. Druce
<b>Fax:</b>	571-273-2885	<b>Pages:</b>	3
<b>Phone:</b>	571-272-1000	<b>Date:</b>	1/23/2008
<b>Re:</b>	U.S. Serial No. 10/635,934	<b>cc:</b>	

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Samuel Crumpton  
Date: 1/23/2008

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